

(Name, Address, Phone Number)

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

_____)	
Appellant,)	
)	WCC No. _____
vs.)	
)	NOTICE OF APPEAL
_____)	
Respondent.)	

As set forth in ARM 24.5.350 appellant alleges:

1. I am appealing from the decision issued by the Department of Labor and Industry on _____, 19____.

*2. I believe that I am entitled to the following relief: _____

_____.

*3. I believe that I am entitled to said relief on the following grounds: _____

_____.

*If additional space is needed, please attach sheet to this Notice of Appeal.

DATED this _____ day of _____, 19____.

Appellant

CERTIFICATE OF SERVICE

I hereby certify that I served a copy of the foregoing upon the persons whose names appear below.

(Use this space for name of opposing counsel)

(Use this space for the Department of Labor
and Industry, Legal Services Division)

DATED this _____ day of _____, 19____.
